EXHIBIT F

BARD® MDU℠
PHYSICIAN EDUCATION CONTINUUM

TRAINING VERIFICATION FORM

Preceptor Name: Barbara Nylander, MD & Carl Wingo, MD
Training Date: 01/16/2008
Phone Number: 615-329-5060
Hospital Name: CENTENNIAL WOMEN'S
Address: 2221 MURPHY AVENUE
City/State/Zip: NASHVILLE, TN 37203
Preceptor Signature:

Physician Name (Print)	Date	Procedure(s) Performed	Product(s) Used
Dr. Janet Dittus	01/16/2008	Anterior or Posterior Avaulta	AVAULTA

Please return by email at Bard.MDU@crbard.com or fax to 1-866-382-3383.

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